FANF (Financial Assistance to Needy Families)

Maximum Income Limits

	STANDARI	O OF NEED	PAYMENT STANDARD*
Household Size	BMNA	Max. SON (BMNA+ \$342)	Max Cash Grant @ 60%
1	\$1,575	\$1,917	\$679
2	\$3,082	\$3,424	\$915
3	\$4,124	\$4,466	\$1,151
4	\$5,045	\$5,387	\$1,387
5	\$5,893	\$6,235	\$1,623
6	\$6255	\$6,597	\$1,859
7	\$6,619	\$6,961	\$2,095
8	\$6,983	\$7,325	\$2,331

^{*}The Payment Standard is also the maximum grant for the household and shelter arrangement.

SNAP

Income Limits, Standards, and Deductions

Household Size	Monthly Gross Income When Elderly Disabled are a Separate Household @ 165% FPG	Non-Target Population Only Gross Income Limits @ 130% FPG	Target & Non-Target Population Net Income Limits @ 100% FPG	Expanded Categorical Eligibility Gross Income Limits @ 185% FPG	**Maximum SNAP Benefit Allotments
1	\$1,771	\$1,396	\$1,074	\$1,986	\$250
2	\$2,396	\$1,888	\$1,452	\$2,686	\$459
3	\$3,020	\$2,379	\$1,830	\$3,386	\$658
4	\$3,644	\$2,871	\$2,209	\$4,086	\$835
5	\$4,268	\$3,363	\$2,587	\$4,786	\$992
6	\$4,893	\$3,855	\$2,965	\$5,486	\$1,190
7	\$5,517	\$4,347	\$3,344	\$6,186	\$1,316
8*	\$6,141	\$4,839	\$3,722	\$6,886	\$1,504
*For each additional person	Add \$625	Add \$492	Add \$379	Add \$700	Add \$188
	No monthly gross i	ncome test for elderly	and disabled tai	rget population	

SNAP Utility Standards								
Heating/Cooling(AC)	\$757							
Utilities-Only	\$277							
Electric-Only	\$162							
Telephone-Only	\$29							
Internet-Only	\$50							

SNAP Deductions								
Excess Shelter	\$597							
Homeless Shelter Allowance	\$160							
Medical	\$115							

SNAP Standard Deduction							
HH Size	Deduction						
1-3	\$177						
4	\$184						
5	\$215						
6⁺	\$246						

OAA, APTD, ANB

Standard of Need

Group Size	Independent Living Arrangement	Residential Care Facility	Community Residence
1	\$855	\$1,035	\$917(subsidized)
2	\$1,262		\$977 (non-subsidized)
3	\$1,670		\$1,035 (enhanced family care)

Medical Assistance - Income Limits (please read across)

% of Federal Poverty Guidelines (FPG; note that the PIL and Parent/Caretaker limits are not based on % FPG)

AG size:	1 2 3 4 5			6	7	8*		
PIL	\$591	\$675	\$683	\$691	\$698	\$779	\$842	\$935
Parent/Caretaker	\$670	\$816	\$965	\$1,108	\$1,247	\$1,408	\$1,551	\$1,723
QMB 100% FPG	\$1,133	\$1,526	\$1,920	\$2,313	\$2,706	\$3,100	\$3,493	\$3,886
SLMB120 >100%, <u><</u> 120% 120% FPG	\$1,359	\$1,831	\$2,303	\$2,775	\$3,247	\$3,719	\$4,191	\$4,663
SLMB135 >120%, ≤135% 135% FPG	\$1,529	\$2,060	\$2,591	\$3,122	\$3,653	\$4,184	\$4,715	\$5,246
Granite Advantage 133% FPG	\$1,507	\$2,030	\$2,553	\$3,076	\$3,599	\$4,122	\$4,646	\$5,169
EMA 185% FPG	\$2,096	\$2,823	\$3,551	\$4,279	\$5,006	\$5,734	\$6,462	\$7,189
QDWI 200% FPG	\$2,265	\$3,052	\$3,839	\$4,625	\$5,412	\$6,199	\$6,985	\$7,772
CM, CSD, PW, FPEC 196% FPG	\$2,220	\$2,991	\$3,762	\$4,533	\$5,304	\$6,075	\$6,846	\$7,617
Expanded CM >196%, <318% FPG	\$3,602	\$4,853	\$6,103	\$7,354	\$8,605	\$9,856	\$11,107	\$12,357
5% MAGI Income Deduction	\$57	\$77	\$96	\$116	\$136	\$155	\$175	\$195
MEAD / MOAD 450% FPG**	\$5,097	\$6,867	N/A	N/A	N/A	N/A	N/A	N/A

^{*}For group sizes larger than 8, see MAM Chapter 600.

^{**}Note that MOAD has an additional disregard that brings the final net income limit to below 250% FPG; however, MOAD's effective net income limit is the same as MEAD's, at 450% FPG.

SSI Maximum Benefits/PMV								
Individual Couple Institutionalized								
\$841/\$300.33	\$1,261/\$440.66	\$30						

Spousal Impoverishment

Max. Monthly Maintenance Needs Allowance: Min. Community Spouse Resource Allowance: Max. Community Spouse Resource Allowance: Max. Income Standard (MIS): Excess Shelter Deduction (ESD):	\$3,435 \$27,480 \$137,400 \$2,289 \$687
Excess Shelter Deduction (ESD):	\$687

\$170.10 for most/less than \$170.10 for some

Nursing Facility CAP

Gross Income Limit \$2,523

Average Statewide Nursing Facility Rates

Monthly Rate: \$10,756.51 (Per BEAS PR 22-01)

Daily Rate: \$353.60 (Per BEAS PR 22-01)

Skilled Nursing Facility Rate For Days 21-100: \$194.50

NH CHILD CARE SCHOLARSHIP

State Median Income (SMI)								
Family Size 85% SMI MONTHLY 85% SMI YEAR								
1	\$4,450	\$53,403						
2	\$5,820	\$69,835						
3	\$7,189	\$86,266						
4	\$8,558	\$102,698						
5	\$9,927	\$119,130						
6	\$11,297	\$135,561						
7	\$11,554	\$138,642						
8	\$11,810	\$141,723						

A family with income over 85% of the State Median Income (SMI) is not eligible for Child Care Scholarship.

NH CHILD CARE SCHOLARSHIP INCOME ELIGIBILITY LEVELS

(Effective July 1, 2022)

											-			
Family	St	ер 1	Sto	ер 2	Ste	ер 3	Step 4 S		Step 5		Step 6		Step 7-GPO Redetermination Only	
Size	≤ 100% of FPG		≤ 120%	6 of FPG	≤ 140% of FPG		≤ 160% of FPG		≤ 190% of FPG		≤ 220% of FPG		≤ 250% of FPG	
	MONTHLY	YEARLY	MONTHLY	YEARLY	MONTHLY	YEARLY	MONTHLY	YEARLY	MONTHLY	YEARLY	MONTHLY	YEARLY	MONTHLY	YEARLY
1	\$1,133.00	\$13,590.00	\$1,359.00	\$16,308.00	\$1,586.00	\$19,026.00	\$1,812.00	\$21,744.00	\$2,152.00	\$25,821.00	\$2,492.00	\$29,898.00	\$2,824.00	\$33,975.00
2	\$1,526.00	\$18,310.00	\$1,831.00	\$21,972.00	\$2,137.00	\$25,634.00	\$2,442.00	\$29,296.00	\$2,900.00	\$34,789.00	\$3,357.00	\$40,282.00	\$3,815.00	\$45,775.00
3	\$1,920.00	\$23,030.00	\$2,303.00	\$27,636.00	\$2,687.00	\$32,242.00	\$3,071.00	\$36,848.00	\$3,647.00	\$43,757.00	\$4,223.00	\$50,666.00	\$4,798.00	\$57,575.00
4	\$2,313.00	\$27,750.00	\$2,775.00	\$33,300.00	\$3,238.00	\$38,850.00	\$3,700.00	\$44,400.00	\$4,394.00	\$52,725.00	\$5,088.00	\$61,050.00	\$5,782.00	\$69,375.00
5	\$2,706.00	\$32,470.00	\$3,247.00	\$38,964.00	\$3,789.00	\$45,458.00	\$4,330.00	\$51,952.00	\$5,142.00	\$61,693.00	\$5,953.00	\$71,434.00	\$6,765.00	\$81,175.00
6	\$3,100.00	\$37,190.00	\$3,719.00	\$44,628.00	\$4,339.00	\$52,066.00	\$4,959.00	\$59,504.00	\$5,889.00	\$70,661.00	\$6,819.00	\$81,818.00	\$7,748.00	\$92,975.00
7	\$3,493.00	\$41,910.00	\$4,191.00	\$50,292.00	\$4,890.00	\$58,674.00	\$5,588.00	\$67,056.00	\$6,636.00	\$79,629.00	\$7,684.00	\$92,202.00	\$8,732.00	\$104,775.00
8	\$3,886.00	\$46,630.00	\$4,663.00	\$55,956.00	\$5,441.00	\$65,282.00	\$6,218.00	\$74,608.00	\$7,384.00	\$88,597.00	\$8,549.00	\$102,586.00	\$9,753.00	\$116,575.00
Each additio nal person	\$393.00	\$4,720.00	\$472.00	\$5,664.00	\$551.00	\$6,60800	\$630.00	\$7,552.00	\$748.00	\$8,968.00	\$865.00	\$10,384.00	\$983.00	\$11,800.00

Tier 1 (Steps 1-6) is used for initial eligibility determination only. Tier 2 (Step 7) is Graduated Phase Out (GPO) and is used only at redetermination. Step 7 cannot be used at initial eligibility.